



Council on Advancement of School-Based Health Centers
Meeting Minutes: Monday, February 5, 2018, 9:30 am to 12:30 pm

Location: Maryland House of Delegates
6 Bladen Street, Annapolis, Maryland 21401
Call-In: (641) 715-3814, Participant Code: 313674#

9:30 am Greetings and Opening Remarks

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in November. The Council approved the November minutes.

Attendees: Council: Patryce Toye, Barbara Masiulis, Kate Connor, Cathy Allen, Sharon Morgan, Angel Lewis, Jean-Marie Kelly, Judy Lichty-Hess, Arethusa Kirk, Diana Fertch, Cheryl DePinto, Mary Gable, Delegate Bonnie Cullison, Andy Ratner (for Michele Eberle), Mark Luckner, and Allison Taylor.

Public: Michelle Hinton, Beth Spencer, Sharon Hobson, Joy Twesige, Joan Glick, Brigida Krzysztofik, and Lynne Muller.

Chair Connor provided information to Council members about submitting financial disclosures. Financial disclosures are due to the State Ethics Commission by April 30 each year. Allison Taylor will provide additional information to Council members by email.

9:45 am Discussion of Data Collection and Reporting Workgroup's Recommended Changes to the MSDE Annual Report

Chair Connor thanked the workgroups for their work since the last meeting and announced that the bulk of today's meeting would be a summary of that work and the workgroups' priorities for 2018.

Barbara Masiulis, Chair of the Data Collection and Reporting workgroup, provided an update on the workgroup's recommendations for changes to MSDE's annual survey. The survey comes out every summer and is due by the end of September. SBHCs must report about services, regardless of whether they receive funding from MSDE. An overall goal is for the survey to become an "annual report" for each SBHC – a picture of what's happened over the past year.

The Chair reported that Council leadership had a very productive meeting last week with MSDE about the recommendations. As a next step, the recommendations will be presented to the SBHC Administrators group on March 1. This meeting will be structured as a dialogue, to find out what is feasible for the Administrators and what isn't. The data workgroup very much wants to make sure that the survey remains simple and feasible. After this meeting, the data workgroup will report back to MSDE and the Council.

The workgroup chair provided an overview of the SBHC application. Every May, the application is sent out. The general application has many attachments, including SBHC standards, goal setting, information about what level of service will be provided, financial information, hours of operation, and budget and assurances. The standards document is 8 pages long and lists each of the current standards and asks SBHCs to respond about whether they are meeting the standards and how.

The workgroup chair walked the Council through the recommendations. A copy of the recommendations is provided in Appendix A, and changes that were added as a result of the February 5 meeting are highlighted. A brief overview of the recommendations is below:

- The first section of the new report would be SBHC characteristics. These are items that aren't likely to change from year to year, such as location and service level.
- The second section includes school community characteristics. The workgroup thought it was important to know about the community that the school serves. The workgroup thought this info could be imputed from the MSDE school report card.
- The third section is about the SBHC population served, such as users by race, insurance, siblings in the school. This information is already in the current survey in various forms.
- The fourth section is about somatic health services. Much of this could be reported by ICD-10 codes and CPT codes.
- Further sections have information about behavioral health and case management.

Barbara Masiulis thanked the group for their comments and said that an updated version of the recommendations, reflecting the discussion, would be sent out after the meeting. Council members were invited to make additional suggestions before Monday, February 12.

10:45 am Workgroup Reporting on Priorities and Activities for 2018

Jean-Marie Kelly presented the Quality and Best Practices workgroup's 2018 priorities.

SBHC Standards – One of the Quality workgroup's primary tasks for 2018 will be to review the School-Based Health Center standards, which are maintained by MSDE, and to make recommendations to MSDE on changes. The standards provide an "operating manual" for SBHCs, but have not been revised in many years.

Council members discussed the need to clarify some inconsistencies between the SBHC standards and state regulations. One example of such an inconsistency concerns the definition of “general clinic” as a sponsoring entity. Chair Connor noted that the standards “belong” to MSDE, and that the Council’s role would be purely advisory. Jean-Marie also noted that the workgroup would plan to align the standards with what’s in the SBHC application and annual survey.

Chair Connor also asked whether someone would be able to take a first crack at an administrator review of the standards, and whether MASBHC has already done this. She asked the Council’s MASBHC representatives who aren’t already on the Quality workgroup to coordinate with Jean-Marie about a review. An administrator review of the standards would provide the state agency partners – MDH and MSDE – with preliminary information about the scope of changes that may be needed, which will help them know what to expect.

SBHA Measures – A second priority for the workgroup in 2018 will be assessing the capacity of SBHCs to collect and report the measures recommended by the national School-Based Health Alliance. The workgroup has representation from two MCOs, and so the overlap/intersection between HEDIS metrics and the Alliance’s measures was also discussed. It was also suggested to contact Hayley Love at the Alliance to talk about data support at the national level and best practices for assessment.

Kate Connor presented the Systems Integration and Financing workgroup’s 2018 priorities. The Systems workgroup is focused on two objectives – Financing and Systems Integration – and will conduct four activities that fall under those objectives:

- **Financing Objective** – to facilitate the long-term sustainability and growth of School-Based Health Centers. The Systems workgroup will 1) provide input on financial information questions that should be included in the Data Workgroup’s recommended changes to MSDE’s annual survey; and 2) coordinate/Host a technical assistance session on billing for SBHC Administrators.
- **Systems Integration Objective** – to promote the inclusion of School-Based Health Centers into networks of managed care organizations, commercial health insurance carriers, school health services, and other patient-centered models of care. The Systems workgroup will 1) identify key stakeholders to partner with and convene 1-2 meetings to discuss concerns of the Council and/or better ways to collaborate; and 2) provide technical input on scope of work, particularly around qualitative formative research to assess the value of SBHCs; the challenges and service gaps associated with SBHCs; and the role they are filling in Maryland communities.

**11:45 am Discussion of Workgroup Priorities and Opportunities for
Engagement with Members’ Organizations**

The Maryland Association of Boards of Education offered their perspective – the most important factors for them are ensuring that students are in class and able to participate. The idea of seat time is really important. While it can be difficult to make a direct correlation between

achievement and good health, we can infer a lot of that as long as there are good teachers in the classroom.

12:00 pm Discussion of Project Concept: Compiling Resources and Research to Demonstrate the Value of SBHCs

Chair Connor described the purpose of this project, which is to generate a white paper to show what SBHCs do for students, the health system, and public health – and therefore make the case for the value of SBHCs. She invited the Council and guests to generate a list of ideas about what resources are currently available and what are needed to complete this project. The following comments and suggestions were made:

- Information is available about chronic absenteeism. MASBHC and the School-Based Health Alliance can help with information about seat time.
- It can be challenging to draw a fair comparison between schools with SBHCs and schools without, since schools with SBHCs are often located in places of high need (and are different in many baseline characteristics).
- It's important to engage the parental point of view. We can often tell a compelling story by putting a face on it and making it personal. Pediatricians in Maryland have been doing this to make the case for CHIP funding.
- The Office of Population Health Improvement at MDH may have some data that can demonstrate how SBHCs are strategically placed to address population health and health equity issues. MDH offered staff to help look into this.
- One area where the Council will really need some help is cost-benefit analysis and resource mapping, around population health and health equity, chronic absenteeism and seat time, and cost of care.

Chair Connor summarized the discussion: the Council is most in need of a person that can act as a quarterback to help organize parts of the project, to be conducted by a diverse group of Council members and stakeholders. Areas to explore include chronic absenteeism, population health and health equity, hospitals/promising partnerships, and community benefit reports.

12:15 pm Closing Remarks

Chair Connor made closing remarks and asked the Council to watch for a revised version of the Data Workgroup Recommendations, to provide comment by Monday, February 12. The meeting was adjourned at 12:25pm.

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SBHC Name/Jurisdiction

- Contact information for SBHC program can be included here or application
- Contact information for Administrative agency can be included here or application

SBHC Characteristics:

Items to include	Change from previous item	Comments
Location of SBHC, including identification of telehealth sites		Format to support auto-population from previous year & for multiple sites
Service Level of SBHC		Format to support auto-population from previous year & for multiple sites
Sponsorship of SBHC		Format to support auto-population from previous year & for multiple sites
Hours of operation by time of day, time of year, change in hours: somatic, behavioral health, oral health	Currently in Section II: SBHC Operations	Include these items be part of the application, reapplication
Staffing: current, needed staff to optimize the program		Format to support auto-population from previous year & for multiple sites
How the school nurse's work is integrated with the work of the SBHC		Format to support auto-population from previous year & for multiple sites
Prearranged after hours care (somatic and behavioral health)		Include if not in the Self-Assessment per the Standards
Is site a VFC provider/	New question	
Is the SBHC able to dispense contraceptives and if it is not permitted, list by whom it is prohibited	Moved from policy section of current survey	Move to SBHC characteristics because it does not change from year to year. <div style="background-color: yellow;"> Include: Is dispensing of contraceptives permitted in SBHC? If dispensing is not permitted, can you prescribe </div>

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		contraceptives?
Is there availability of a community mental health provider in the school?	New question	

School Community Characteristics:

Items to include	Change	Comments
Number of students enrolled in school	Not in current survey	Export from MSDE School Report Card data
Number of FARM (free and reduced meal) students	Not in current survey	Export from MSDE School Report Card data
Absentee rate	Not in current survey	Export from MSDE School Report Card data
Number of ELL students	Not in current survey	LEP available on MSDE Report Card
Mobility Rate	Not in current survey	Export from MSDE School Report Card data

SBHC Population Served:

Items to include	Change from previous item	Comments	Indicators/definition
Number of active users	Change from current question which distinguishes between grade or gender	Moved from the Statistics section of the current survey.	Unduplicated number students seen once in the wellness center
Number of total enrollees			Number of active users plus enrolled students not yet seen.
Users (unduplicated) by race		Moved from the Statistics section of the current survey. Include unduplicated numbers.	
Number of users by		Moved from the Statistics section of the	

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insurance type, include # students without insurance		current survey.	
Number of faculty/staff using center		Moved from the Statistics section of the current survey.	
Number of students from other schools, siblings or children of students using center		Moved from the Statistics section of the current survey.	
Number of users with an identified primary care provider	New question		This may be a long term goal of data to collect. How best to collect this data?

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SBHC Services Provided

Somatic Health Services			
Number of somatic health visits	Report # of visits	Moved from the Statistics section of the current survey.	
Number of somatic telehealth visits	Report # of visits. New question.		
Number of visits by insurance type	Report # of visits	Moved from the Statistics section of the current survey.	
Well Child Exams	Report # of visits	Replaces list of somatic health services	By ICD-10 code: Z00.129, Z00.00 Based on SBHA Quality Performance Measure
Sports physicals	Report # of visits		By ICD-10 code: Z02.89
Asthma visits	Report # of visits	Replaces list of somatic health services	By ICD-10 code: J45.901, j45.902, J45.909
Acute Illness	Report # of visits	Originally #23 on MSDE survey	By CPT code: e.g. 99201
STIs	Report # of screenings	Replaces list of somatic health services	By CPT code: 87491, 87591 Based on SBHA Quality Performance Measure <i>Should this be unduplicated or total number of screenings?</i>
BMI	Report # with BMI >85%	Replaces list of somatic health services	By ICD-10 code: Z68.53, z68.54 Based on SBHA Quality Performance Measures
Vaccines given (ONLY Tdap, HPV, MCV4)	Report # of students vaccinated (unduplicated count of kids)	Shortens the list of vaccines. Aligns with HEDIS measures	By CPT code for individual vaccines. e.g.: Tdap=90715
Behavioral Health Services			
Number of behavioral health visits	Report # of visits by provider type	Moved from the Statistics section of the survey.	Services provided by mental health providers (LCSW, therapists).

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		Overall list of behavioral services is reduced	Services provided by somatic health provider
Number of behavioral health telehealth visits.	Report # of visits by provider type. New question.		Services provided by mental health providers(LCSW, therapists) Services provided by somatic health provider
Provide top 5 behavioral health diagnoses	Report # of visits per diagnosis.		
CRAFFT screenings done as part of SBIRT	Report # of screenings. Not in current survey.	Screen for risk of alcohol and substance use	By CPT codes: W7000, W7010
Depression	Report # of students identified with diagnosis	One of the SBHA Quality Performance Measure is depression screening. Should we report # of students screened or identified as depressed <i>Depression screening is included in EPSDT well child care</i>	Possibly by ICD-10 diagnosis By provider type
Oral Health Services			
Are services provided?		Include type of provider (somatic health providers, oral health providers)	
Provide top 5 oral health diagnoses	Report # of visits by diagnosis		By ICD-10 diagnosis. e.g. K02.9
Case Management			
Somatic Health	Report # of visits and/or contacts	Expands case management data from current survey	May be difficult to define and measure Medicaid defines as services that assist individuals eligible under the plan in gaining access to needed medical, social, educational and

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			other services.
Behavioral Health	Report # of visits and/or contacts	Expands case management data from current survey	
Groups provided per current list	Report # of activities provided	Question could be structured as a drop down Include # of participants in the group Current list includes: alcohol/substance use prevention, bullying, HIV/STI prevention, accidental injury prevention, pregnancy prevention, tobacco prevention and violence/conflict resolution	May be difficult to measure detail of groups.
Reproductive and Sexual Health Services			
Provide top 5 reproductive health diagnoses	Changes current list from types of services offered Report # of visits per diagnosis	Provide drop down list of diagnoses	By ICD-10 code: e.g. Z30.09
SBHC Practices/Billing			
Does the SBHC have an EMR? What system does the SBHC use?	New question	Current question focuses on what system was used for tracking visits and billing	
Does the SBHC bill for services? If so, for what services? If so, which insurance, uninsured?			
Operation costs/budget for the each SBHC	New question		

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Report billing income from Medicaid, MCOs, private insurance and self-pay. Report income from other sources.	New question. Include \$ amounts.	Current survey asks about fund sources: Grant, state, local, federal, and foundation funds. Some of this information is requested in the MSDE application/continuation form	
Describe barriers to service in the past year	Reframing of old question		Possible drop down

Aspirational ideas:

- Provide more data on if the child has a PCP and when was their last well child exam was?
- How to identify SBHC “prevention focus” efforts?
- Idea of parent input was raised. Should SBHC report on parent/student satisfaction surveys
- How to measure impact on student attendance and readiness to learn?
Future report on “seat time” (Currently, SBHA is investigating this indicator).
- Identifying health barriers of populations served, especially focused groups like foster children.
- Collaboration with Medicaid, MCOs to share data regarding panel needs (patients needing a physical, immunization data).

Suggestions shared:

- Importing data from the MSDE Report card may be a heavy lift for any system to handle. Cheryl DePinto discussed “transaction engines” as a way to manage the data uploads. Donna Behrens (SBHA/MASBHC) suggested that the SBHA has dealt with this technology and have used “ETL” programs. MSDE may want to consult with SBHA when looking at the importing of data from other databases into the report.
- New annual report should be piloted by a few school based health centers before release to all jurisdictions/SBHCs.
- Goal for implementing new annual report/data collection-2019-20 school year.